

LOUISIANA EXAMINERS OF NURSING FACILITY ADMINISTRATORS**DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA**

**For the year ended
June 30, 2007**

(With Accountant's Report Thereon)

2007 OCT 24 PM 2:07

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 10/3/07

BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
STATE OF LOUISIANA
Annual Financial Statements
June 30, 2007

C O N T E N T S

TRANSMITTAL LETTER
AFFIDAVIT

Independent Accountant's Report	1
Independent Accountant's Agreed-Upon Procedures Report	2 – 3
Summary of Current Year Findings	4
Summary of Prior Year Findings	5
Agencies response to findings	6
<u>Statements</u>	
Balance Sheet	A
Statement of Revenues, Expenses, and Changes in Fund Net Assets	B
Statement of Activities (includes Instructions)	C
Statement of Cash Flows	D
Notes to the Financial Statements	
A. Summary of Significant Accounting Policies	
B. Budgetary Accounting	
C. Deposits with Financial Institutions and Investments (Additional info in Appendix B)	
D. Capital Assets – Including Capital Lease Assets	
E. Inventories	
F. Restricted Assets	
G. Leave	
H. Retirement System	
I. Post Retirement Health Care and Life Insurance Benefits	
J. Leases	
K. Long-Term Liabilities	
L. Contingent Liabilities	
M. Related Party Transactions	
N. Accounting Changes	
O. In-Kind Contributions	
P. Defeased Issues	
Q. Cooperative Endeavors – moved to Schedule 16	
R. Government-Mandated Nonexchange Transactions (Grants)	
S. Violations of Finance-Related Legal or Contractual Provisions	
T. Short-Term Debt	
U. Disaggregation of Receivable Balances	
V. Disaggregation of Payable Balances	
W. Subsequent Events	
X. Segment Information	
Y. Due to/Due from and Transfers	
Z. Liabilities Payable from Restricted Assets	
AA. Prior-Year Restatement of Net Assets	
BB. Net Assets Restricted by Enabling Legislation (additional information in Appendix C).	
CC. Impairment of Capital Assets (additional information in Appendix D)	
DD. Employee Termination Benefits	
Schedules	

- 1 Schedule of Per Diem Paid to Board Members
- 2 Not included in this packet
- 3 Schedules of Long-Term Debt
- 4 Schedules of Long-Term Debt Amortization
- 5 Schedule of Current Year Revenue and Expenses – Budgetary Comparison of Current Appropriation – Non GAAP Basis (**Only applicable for entities whose budget is appropriated by the legislature**)
- 15 Schedule of Comparison Figures
- 16 Schedule of Cooperative Endeavors

Appendix

- A Instructions for the Simplified Statement of Activities
- B Information for Note C - Deposits with Financial Institutions and Investments
- C Information for Note BB – Net assets Restricted by Enabling Legislation
- D Information for Note CC – Impairment of Capital Assets
- E Instructions for Schedule 16 - Cooperative Endeavors

MICHAEL K. GLOVER

Certified Public Accountant

Member
American Institute of
Certified Public Accountants

9497 Brookline Ave.
Baton Rouge, Louisiana 70809

(225) 295-1860

Member
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Certified Public Accountants

Independent Accountant's Report

Louisiana Board of Examiners of Nursing Facility Administrators

State of Louisiana

Baton Rouge, LA

I have reviewed the accompanying Division of Administration, Office of Statewide Reporting and Accounting Policy's Annual Fiscal Report (AFR) of the business type activities of the Louisiana Board of Examiners of Nursing Facility Administrators, a component unit of the State of Louisiana, as of and for the year ended June 30, 2007, which collectively comprise the Louisiana Board of Examiners of Nursing Facility Administrators basic financial statements as listed under statements in the table of contents in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements reported in the AFR are the representation of the management of Louisiana Board of Examiners of Nursing Facility Administrators.

My review was conducted in accordance with Statement on Standards for Accounting and Review Services established by the American Institute of Certified Public Accountants and applicable standards of *Government Auditing Standards* issued by the Comptroller General of the United States of America. A review consist principally of inquiries of the Louisiana Board of Examiners of Nursing Facility Administrators personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I do not express such an opinion.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

In accordance with the *Louisiana Governmental Audit Guide* and the provisions of state law, I have issued a report, dated August 27, 2007, on the results of our agreed-upon procedures.

Michael K. Glover

August 27, 2007

2007 SEP 19 AM 11:09

MICHAEL K. GLOVER

Certified Public Accountant

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Independent Accountant's Agreed-Upon Procedures Report

To the Louisiana Board of Examiners of Nursing Facility Administrators

I have performed the procedures included in the *Louisiana Government Audit Guide* and enumerated below, which were agreed to by the management of the Louisiana Board of Examiners of Nursing Facility Administrators and the Legislative Auditor, State of Louisiana, solely to assist the users in evaluating management's assertions about the Louisiana Board of Examiners of Nursing Facility Administrators compliance with certain laws and regulations during the year ended June 30, 2007, included in the accompanying *Louisiana Attestation Questionnaire*. This agreed-upon procedures engagement was performed in accordance with standards established by the American Institute of Certified Public Accountants and applicable standards of *Government Auditing Standards*. The sufficiency of these procedures is solely the responsibility of the specified users of the report. Consequently, I make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Public Bid Law

1. Select all expenditures made during the year for material and supplies exceeding \$20,000, or public works exceeding \$100,000, and determine whether such purchases were made in accordance with LSA-RS 38:2211-2251 (the public bid law) or R.S. 39:1551-39:1755 (the state procurement code, whichever is applicable).

No expenditures were made during the year for materials or supplies that exceeding \$20,000.

Code of Ethics for Public Officials and Public Employees

2. Obtain from management a list of the immediate family members of each board member as defined by LSA-RS 42:1101-1124 (the code of ethics), and a list of outside business interests of all board members and employees, as well as their immediate families.

A list was obtained from management of active board members and employees immediate family members; however, four (4) of the board members did not list the names of their immediate family members but included their outside interest, if any. All other board members and employees included a list of their family members and outside business interest, if any.

3. Obtain from management a listing of all employees paid during the period under examination.

Management provided me with the required list.

4. Determine whether any of those employees included in the listing obtained from management in agreed-upon procedure (3) were also included on the listing obtained from management in agreed-upon procedure (2) as immediate family members.

None of the employees included on the list of employees provided by management (in agreed-upon procedure (3)) appeared on the list provided by management in agreed-upon procedure (2).

Budgeting

5. Obtained a copy of the legally adopted budget and all amendments.

Management provided me with a copy of what appears to be the original budget and amended budget; however, neither of these were approved by the Board.

6. Trace the budget adoption and amendments to the minute book. Comparing the expenditures of the final budget to actual expenditure to determine if actual expenditure exceed budgeted amount by 10% or more per category or 5% or more in total.

A budget was not approved by the board for the period 2006-2007. However, there was a budget that was being used to measure the board's revenues and expenditures. I used this schedule to compare the expenditures of the unapproved final budget to actual revenues and expenditures. Actual expenditures for the year did not exceed budgeted amounts by 10% or more per category or 5% or more in total.

Accounting and Reporting

8. Randomly select 6 disbursements made during the period under examination and:

(a) trace payments to supporting documentation as to proper amount and payee;

I examined supporting documentation for each of the six selected disbursements and found that payment was for the proper amount and made to the correct payee.

(b) determine if payments were properly coded to the correct fund and general ledger account; and

All of the six payments were properly coded to the correct general ledger account.

(c) determine whether payments received approval from proper authorities.

Inspection of documentation supporting each of the six selected disbursements indicated approvals from the proper authorities.

Meetings

9. Examine evidence indicating that agendas for meetings recorded in the minute book were posted or advertised as required by LSA-RS 42:1 through 42:13 (the open meetings law).

The Louisiana Board of Examiners of Nursing Facility Administrators is required to post a notice of each meeting and the accompanying agenda on the door of the Board's office building. Management has asserted that such documents were properly posted and I find evidence supporting such assertion.

Debt

10. Examine bank deposits for the period under examination and determine whether any such deposits appear to be proceeds of bank loans, bonds, or like indebtedness.

I inspected copies of bank deposit slips for the period under examination and noted no deposits appeared to be proceeds of bank loans, bonds, or like indebtedness.

Advances and Bonuses

11. Examine payroll records and minutes for the year to determine whether any payments have been made to employees which may constitute bonuses, advance, or gifts.

A reading of the minutes of the Board for the year indicated no approval for the payments noted. I also inspected payroll records for the year and noted no instances which would indicate payments to employees which would constitute bonuses, advances, or gifts.

I was not engaged to, and did not perform an examination, the objective of which would be the expression of an opinion on management's assertions. Accordingly, I do not express such an opinion. Had I performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the use of management of the Louisiana Board of Examiners of Nursing Facility Administrators and the Legislative Auditor, State of Louisiana, and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purposes. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Michail K. Brown

August 27, 2007

LOUISIANA BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS

SCHEDULE OF FINDINGS

FOR THE YEAR ENDED JUNE 30, 2007

Finding: The board minutes were not approved by the board of directors for the fiscal year 2006-2007. The board also did not submit the budget the Joint Legislative on the Budget (as per RS 39:1331) which is due January 1 of each year.

Comment: The board should approve the minutes in December of each year for the next fiscal and submit them to the proper agencies.

LOUISIANA BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF PRIOR YEAR FINDINGS
FOR THE YEAR ENDED JUNE 30, 2006

There were no prior year findings.



STATE OF LOUISIANA
BOARD OF EXAMINERS
OF NURSING FACILITY
ADMINISTRATORS

Phone: 225) 295-8571

Fax: (225) 295-8574

5647 Superior Drive
Baton Rouge, LA 70816-6049

Michael K. Glover
9497 Brookline
Baton Rouge, LA 70809

Michael Glover:

Per our conversation, neither the budget nor the amendments were brought before the Board for approval. However, there are monthly financial statements that are reviewed each meeting. These statements indicate revenue generated as well as expenses incurred.

The annual budget will be brought before the Board each December in order for the members to review and approve.

Mark A. Hebert
Executive Director
LA Board of Examiners
of Nursing Facility Administrators

2007 SEP 25 AM 11:16

RECEIVED

LOUISIANA COMPLIANCE QUESTIONNAIRE
(For Audit Engagements of Quasi-Public Entities)

August 9, 2007

Mr. Michael Glover, auditor

In connection with your audit of our financial statements as of Examiners of Nursing Facility Administrators and for July 1, 2006 through June 30, 2007 for the purpose of expressing an opinion as to the fair presentation of our financial statements in accordance with accounting principles generally accepted in the United States of America, to assess our system of internal control as a part of your audit, and to review our compliance with applicable laws and regulations, we confirm, to the best of our knowledge and belief, the following representations. These representations are based on the information available to us as of August 8, 2007.

PART I. AGENCY PROFILE

1. Name and address of the organization.

State Board of Examiners for Nursing Facility Administrators
5647 Superior Drive
Baton Rouge, LA 70816-6049

2. List names, addresses, and telephone numbers of entity officials. [Include elected/appointed members of the governing board, chief executive and fiscal officer, and legal counsel].

Mr. Mark A. Hebert, Executive Director, 9944 Banway Dr., Greenwell Springs, LA, 70739, 225-610-2449
Ms. Mary Alice May, Administrative Assistant, 2867 Donald Dr., Baton Rouge, LA 70809, 225-964-6952
Mr. Martin Stott, Board Chairman, 15035 Memorial Tower Dr., Baton Rouge, LA, 70810, 225-769-9220
Dr. Betty Dennis, Board member, 2601 Gentilly Blvd., New Orleans, LA, 70122, 504-816-4719
Mr. Ronnie Goux, Board member, P. O. Box 1429, Mandeville, LA, 70470, 985-626-1900
Dr. Joseph T. Hamrick, Board member, 5918 Coliseum St., New Orleans, LA, 70115, 504-897-2631
Mr. A. A. Kelley, Board member, 721 Hiawatha Circle, Pineville, LA, 71360, 318-640-0766
Mr. Brian Martin, Board member, 720 Keyser Ave., Natchitoches, LA, 71457, 318-352-8296
Mr. Ray Naquin, Board member, 1500 South Elm St., Hammond, LA, 70403
Dr. Susan Nelson, Board member, 5633 Lost Oak, Baton Rouge, LA, 70817, 225-765-3076
Mr. Wayne Plaisance, Board member, 2344 Nicholson Dr., Baton Rouge, LA, 70808, 504-398-2152
Mr. Kemp Wright, Board member, 126 North Bend Dr., Pineville, LA, 71360, 318-449-8303
Mr. H. David Smith, Board attorney, 2326 Terrace Ave., Baton Rouge, LA, 70806, 225-343-7585

3. Period of time covered by this questionnaire:

July 1, 2006 – June 30, 2007

4. The entity has been organized under the following provisions of the Louisiana Revised Statute(s) (LSA-RS) and, if applicable, local resolutions/ordinances.

RS 37 Chapter 31 2501-2511

5. Briefly describe the public services provided:

We provide the licensure and discipline for all LA Nursing Facility Administrators. In addition, we approve continuing education hours for administrators.

6. Expiration date of current elected/appointed officials' terms.

Mr. Martin Stott, Board Chairman	Governor elected – 3 year term
Dr. Betty Dennis, Board member	representing Dillard University – must serve until replaced
Mr. Ronnie Goux, Board member	representing President of LA Nursing Home Assoc–must serve until replaced
Dr. Joseph T. Hamrick, Board member	representing Tulane University – must serve until replaced
Mr. A. A. Kelley, Board member	representing LA State University – must serve until replaced
Mr. Brian Martin, Board member	Governor elected – 3 year term
Mr. Ray Naquin, Board member	Governor elected – 3 year term
Dr. Susan Nelson, Board member	representing LA Medical Society – must serve until replaced
Mr. Wayne Plaisance, Board member	representing LA Assoc. of Homes for the Aging – must serve until replaced
Mr. Kemp Wright, Board member	representing LA Hospital Assoc. – must serve until replaced

Part II. Federal, State, and Local Awards

7. We have detailed for you the amount of Federal, state and local award expenditures for the fiscal year, by grant and grant year.

N/A Yes [] No []

8. All transactions relating to federal grants have been properly recorded within our accounting records and reported to the appropriate federal grantor officials.

N/A Yes [] No []

9. All transactions relating to state grants have been properly recorded within our accounting records and reported to the state grantor officials.

N/A Yes [] No []

10. All transactions relating to local grants have been properly recorded within our accounting records and reported to the appropriate local grantor officials.

N/A Yes [] No []

11. The reports filed with federal agencies are properly supported by books of original entry and supporting documentation.

N/A Yes [] No []

12. The reports filed with state agencies are properly supported by books of original entry and supporting documentation.

N/A Yes [] No []

13. The reports filed with local agencies are properly supported by books of original entry and supporting documentation.

N/A Yes [] No []

14. We have complied with all applicable compliance requirements of all federal programs we administer, to include matters contained in the Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and matters contained in the grant awards.

N/A Yes [] No []

15. We have complied with all applicable specific requirements of all state programs we administer, to include matters contained in the grant awards.

Yes ☒ No ☐

16. We have complied with all applicable specific requirements of all local programs we administer, to include matters contained in the grant awards.

N/A

Yes ☐ No ☐

17. We have provided you with all communications from grantors concerning noncompliance with or deficiencies in administering grant programs.

N/A

Yes ☐ No ☐

Part III. Public Records

18. We are familiar with the Public Records Act and have made available to the public those records as required by LSA-RS 44:33.

Yes ☒ No ☐

Part IV. Open Meetings

19. Our meetings, as they relate to public funds, have been posted as an open meeting as required by LSA-RS 42:1 through 42:12 (the open meetings law).

Proof of Publication from Capital City Press, attached. Certified copy on file Yes ☒ No ☐

Part V. Budget

20. For each federal grant, we have filed with the appropriate grantor agency a comprehensive budget for those grants that included the purpose and duration.

N/A

Yes ☐ No ☐

21. For each grant received from the state, we have filed with the appropriate grantor agency a comprehensive budget for those grants that included the purpose, duration, specific goals and objectives, and measures of performance.

N/A

Yes ☐ No ☐

22. For each local grant, we have filed with the appropriate grantor agency a comprehensive budget for those grants that included the purpose and duration.

N/A

Yes ☐ No ☐

The previous responses have been made to the best of our belief and knowledge.

Mel A. Hebert Executive Director 8/21/2007 Date
Walter Fitt Board Chairman 8/21/2007 Date
Ray A. Nagin Vice Chairman 08/21/2007 Date

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
BALANCE SHEET
AS OF June 30, 2007

ASSETS

CURRENT ASSETS:

Cash and cash equivalents	\$ 46,325
Investments	
Receivables (net of allowance for doubtful accounts)(Note U)	89
Due from other funds (Note Y)	35,098
Due from federal government	
Inventories	
Prepayments	
Notes receivable	
Other current assets	
Total current assets	81,512

NONCURRENT ASSETS:

Restricted assets (Note F):	
Cash	
Investments	
Receivables	
Notes receivable	
Investments	
Capital assets (net of depreciation)(Note D)	
Land	27,300
Buildings and improvements	145,641
Machinery and equipment	394
Infrastructure	
Construction in progress	
Other noncurrent assets	
Total noncurrent assets	173,335
Total assets	\$ 254,847

LIABILITIES

CURRENT LIABILITIES:

Accounts payable and accruals (Note V)	\$ 4,045
Due to other funds (Note Y)	
Due to federal government	
Deferred revenues	114,000
Amounts held in custody for others	
Other current liabilities	4,613
Current portion of long-term liabilities:	
Contracts payable	
Compensated absences payable (Note K)	
Capital lease obligations - (Note J)	
Claims and litigation payable (Note K)	
Notes payable	22,206
Liabilities payable from restricted assets (Note Z)	
Bonds payable	
Other long-term liabilities	
Total current liabilities	144,864

NON-CURRENT LIABILITIES:

Contracts payable	
Compensated absences payable (Note K)	
Capital lease obligations (Note J)	
Claims and litigation payable (Note K)	
Notes payable	27,959
Liabilities payable from restricted assets (Note Z)	
Bonds payable	
Other long-term liabilities	4,696
Total long-term liabilities	32,655
Total liabilities	177,519

NET ASSETS

Invested in capital assets, net of related debt	
Restricted for:	
Capital projects	
Debt service	
Unemployment compensation	
Other specific purposes	
Unrestricted	77,328
Total net assets	77,328
Total liabilities and net assets	\$ 254,847

The accompanying notes are an integral part of this financial statement.

Statement A

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN FUND NET ASSETS
FOR THE YEAR ENDED June 30, 2007**

OPERATING REVENUES

Sales of commodities and services	\$	
Assessments		
Use of money and property		
Licenses, permits, and fees		190,255
Other		113,551
Total operating revenues		303,806

OPERATING EXPENSES

Cost of sales and services		
Administrative		320,872
Depreciation		4,023
Amortization		
Total operating expenses		324,895

Operating income(loss)		(21,089)
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NON-OPERATING REVENUES(EXPENSES)

State appropriations		
Intergovernmental revenues (expenses)		
Taxes		
Use of money and property		782
Gain on disposal of fixed assets		
Loss on disposal of fixed assets		
Federal grants		
Interest expense		(4,412)
Other revenue		
Other expense		
Total non-operating revenues(expenses)		(3,630)

Income(loss) before contributions, extraordinary items & transfers		(24,719)
--	--	----------

Capital contributions

Extraordinary item - Loss on impairment of capital assets		
Transfers in		
Transfers out		

Change in net assets		(24,719)
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Total net assets - beginning		102,047
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Total net assets - ending	\$	77,328
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The accompanying notes are an integral part of this financial statement.

Statement B

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED June 30, 2007

See Appendix A for instructions

	Program Revenues			Net (Expense)
		Operating	Capital	Revenue and
	Charges for	Grants and	Grants and	Changes in
	Services	Contributions	Contributions	Net Assets
	Expenses			
	329,307	303,806		(25,501)
BTA	\$	\$	\$	\$
General revenues:				
Taxes				
State appropriations				
Grants and contributions not restricted to specific programs				
Interest				782
Miscellaneous				
Special items				
Extraordinary Item - Loss on Impairment of Capital Assets				
Transfers				
Total general revenues, special items, extraordinary losses, and transfers				782
Change in net assets				(24,719)
Net assets - beginning				102,047
Net assets - ending				\$ 77,328

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED June 30, 2007**

Cash flows from operating activities

Cash received from customers	\$	<u>303,806</u>	
Cash payments to suppliers for goods and services		<u>(178,571)</u>	
Cash payments to employees for services		<u>(153,936)</u>	
Payments in lieu of taxes			
Internal activity-payments to other funds			
Claims paid to outsiders			
Other operating revenues(expenses)			
Net cash provided(used) by operating activities	\$		<u>(28,701)</u>

Cash flows from non-capital financing activities

State appropriations			
Proceeds from sale of bonds			
Principal paid on bonds			
Interest paid on bond maturities			
Proceeds from issuance of notes payable			
Principal paid on notes payable		<u>(22,608)</u>	
Interest paid on notes payable			
Operating grants received			
Transfers In			
Transfers Out			
Other			
Net cash provided(used) by non-capital financing activities			<u>(22,608)</u>

Cash flows from capital and related financing activities

Proceeds from sale of bonds			
Principal paid on bonds			
Interest paid on bond maturities			
Proceeds from issuance of notes payable			
Principal paid on notes payable			
Interest paid on notes payable			
Acquisition/construction of capital assets			
Proceeds from sale of capital assets			
Capital contributions			
Other			
Net cash provided(used) by capital and related financing activities			<u>-</u>

Cash flows from investing activities

Purchases of investment securities			
Proceeds from sale of investment securities			
Interest and dividends earned on investment securities		<u>782</u>	
Net cash provided(used) by investing activities			<u>782</u>

Net increase(decrease) in cash and cash equivalents (50,527)

Cash and cash equivalents at beginning of year 96,852
Cash and cash equivalents at end of year \$ 46,325

The accompanying notes are an integral part of this statement.

Statement D

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED June 30, 2007**

Reconciliation of operating income(loss) to net cash provided(used) by operating activities:

Operating income(loss)		\$	<u>(25,501)</u>
Adjustments to reconcile operating income(loss) to net cash			
Depreciation/amortization	4,023		
Provision for uncollectible accounts			
Other			
Changes in assets and liabilities:			
(Increase)decrease in accounts receivable, net	(49)		
(Increase)decrease in due from other funds	(12,928)		
(Increase)decrease in prepayments			
(Increase)decrease in inventories			
(Increase)decrease in other assets			
Increase(decrease) in accounts payables and accruals	(2,252)		
Increase(decrease) in compensated absences payable	721		
Increase(decrease) in due to other funds			
Increase(decrease) in deferred revenues	7,285		
Increase(decrease) in other liabilities			
Net cash provided(used) by operating activities		\$	<u>(28,701)</u>

Schedule of noncash investing, capital, and financing activities:

Borrowing under capital lease	\$	
Contributions of fixed assets		
Purchases of equipment on account		
Asset trade-ins		
Other (specify)		
Total noncash investing, capital, and financing activities:	\$	-

(Concluded)

The accompanying notes are an integral part of this statement.

Statement D

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007**

INTRODUCTION

The Board of Examiners of Nursing Facility Administrators was created by the Louisiana State Legislature under the provisions of Louisiana Revised Statute 37.2501. The following is a brief description of the operations of Board of Examiners of Nursing Facility Administrators which includes the parish/parishes in which the Board of Examiners of Nursing Facility Administrators is located:

A. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. BASIS OF ACCOUNTING

In April of 1984, the Financial Accounting Foundation established the Governmental Accounting Standards Board (GASB) to promulgate generally accepted accounting principles and reporting standards with respect to activities and transactions of state and local governmental entities. The GASB has issued a Codification of Governmental Accounting and Financial Reporting Standards (GASB Codification). This codification and subsequent GASB pronouncements are recognized as generally accepted accounting principles for state and local governments. The accompanying financial statements have been prepared in accordance with such principles.

The accompanying financial statements of Board of Examiners of Nursing Facility Administrators present information only as to the transactions of the programs of the Board of Examiners of Nursing Facility Administrators as authorized by Louisiana statutes and administrative regulations.

Basis of accounting refers to when revenues and expenses are recognized and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accounts of the Board of Examiners of Nursing Facility Administrators are maintained in accordance with applicable statutory provisions and the regulations of the Division of Administration – Office of Statewide Reporting and Accounting Policy as follows:

Revenue Recognition

Revenues are recognized using the full accrual basis of accounting; therefore, revenues are recognized in the accounting period in which they are earned and become measurable.

Expense Recognition

Expenses are recognized on the accrual basis; therefore, expenses, including salaries, are recognized in the period incurred, if measurable.

B. BUDGETARY ACCOUNTING

The appropriations made for the operations of the various programs of the Board of Examiners of Nursing Facility Administrators are annual lapsing appropriations.

1. The budgetary process is an annual appropriation valid for one year.
2. The agency is prohibited by statute from over expending the categories established in the budget.
3. Budget revisions are granted by the Joint Legislative Budget Committee, a committee of the Louisiana Legislature. Interim emergency appropriations may be granted by the Interim Emergency Board.
4. The budgetary information included in the financial statements include the original appropriation plus subsequent amendments as follows:

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

APPROPRIATIONS

Original approved budget	\$ _____
Amendments:	_____

Final approved budget	\$ _____ -

C. DEPOSITS WITH FINANCIAL INSTITUTIONS AND INVESTMENTS (If all agency cash and investments are deposited in the State Treasury, disregard Note C.) See Appendix B for information related to Note.

1. DEPOSITS WITH FINANCIAL INSTITUTIONS

For reporting purposes, deposits with financial institutions include savings, demand deposits, time deposits, and certificates of deposit. Under state law the Board of Examiners of Nursing Facility Administrators may deposit funds within a fiscal agent bank selected and designated by the Interim Emergency Board. Further, the Board of Examiners of Nursing Facility Administrators may invest in time certificates of deposit in any bank domiciled or having a branch office in the state of Louisiana; savings accounts or shares of savings and loan associations and savings banks, and in share accounts and share certificate accounts of federally or state chartered credit unions.

For the purpose of the Statement of Cash Flows, all highly liquid investments (including restricted assets with a maturity of three months or less when purchased) are considered to be cash equivalents.

Deposits in bank accounts are stated at cost, which approximates market. Under state law these deposits must be secured by federal deposit insurance or the pledge of securities owned by the fiscal agent bank. The market value of the pledged securities plus the federal deposit insurance must at all times equal the amount on deposit with the fiscal agent. These pledged securities are held in the name of the pledging fiscal agent bank in a holding or custodial bank in the form of safekeeping receipts held by the State Treasurer.

Beginning in FY 2004, the implementation of GASB Statement 40 (which amended GASB Statement 3) eliminated the requirement to disclose all deposits by three categories of risk. GASB Statement 40 requires only the disclosure of deposits considered to be exposed to custodial credit risk. An entity's deposits are exposed to custodial credit risk if the deposit balances are either 1) uninsured and uncollateralized, 2) uninsured and collateralized with securities held by the pledging financial institution, or 3) uninsured and collateralized with securities held by the pledging financial institution's trust department or agent, but not in the entity's name.

The deposits at June 30, 2007, consisted of the following:

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

	<u>Cash</u>	<u>Certificates of Deposit</u>	<u>Other (Describe)</u>	<u>Total</u>
Balance per agency books	\$ 45,825	\$	\$	\$ 45,825
Deposits in bank accounts per bank	\$ 45,825	\$	\$	\$ 45,825
Bank balances of deposits exposed to custodial credit risk				
a. Deposits not insured and uncollateralized	\$	\$	\$	\$ -
b. Deposits not insured and collateralized with securities held by the pledging institution.	\$	\$	\$	\$ -
c. Deposits not insured and collateralized with securities held by the pledging institution's trust department or agent <u>but not in the entity's name.</u>	\$	\$	\$	\$ -

NOTE: The "Deposits in bank accounts per bank" will not necessarily equal the "Balance per agency books" due to outstanding items.

The following is a breakdown by banking institution, program, account number, and amount of the "Deposits in bank accounts per bank" balances shown above:

<u>Banking institution</u>	<u>Program</u>	<u>Amount</u>
1. Hancock Bank	Checking	\$ 45,725
2. Regions Bank	Checking	100
3.		
4.		
Total		\$ 45,825

Cash in State Treasury and petty cash are not required to be reported in the note disclosure. However, to aid in reconciling amounts reported on the Balance Sheet to amounts reported in this note, list below any cash in treasury and petty cash that are included on the Balance Sheet.

Cash in State Treasury	\$ -0-
Petty cash	\$ 500

2. INVESTMENTS NONE

The Board of Examiners of Nursing Facility Administrators does (does not) maintain investment accounts as authorized by _____ (Note legal provisions authorizing investments by the Board of Examiners of Nursing Facility Administrators.

Custodial Credit Risk

Investments can be exposed to custodial credit risk if the securities underlying the investment are uninsured and unregistered, not registered in the name of the entity, and are held either by the counterparty, or the counterparty's trust department or agent but not in the entity's name. Repurchase agreements are not subject to credit risk if the securities underlying the repurchase agreement are exempt from credit risk disclosure. Using the table on the next page, list each type of investment disclosing the total carrying amounts and market values, and any amounts exposed to custodial credit risk.

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

Beginning in FY 2004, the implementation of GASB Statement 40 (which amended GASB Statement 3) eliminated the requirement to disclose all investments by three categories of risk. GASB Statement 40 requires only the separate disclosure of investments that are exposed to custodial credit risk. The total reported amount and fair value columns still must be reported for total investments regardless of exposure to custodial credit risk. Those investments exposed to custodial credit risk are reported by type in one of two separate columns depending upon whether they are held by a counterparty, or held by a counterparty's trust department or agent not in the entity's name.

	Investments Exposed to Custodial Credit Risk	Uninsured, *Unregistered, and Held by Counterparty's Trust Dept. or Agent Not in Entity's Name	All Investments Regardless of Custodial Credit Risk Exposure	
<u>Type of Investment</u>	<u>Uninsured, *Unregistered, and Held by Counterparty</u>	<u>Entity's Name</u>	<u>Reported Amount Per Balance Sheet</u>	<u>Fair Value</u>
Repurchase agreements	\$ _____	\$ _____	\$ _____	\$ _____
U.S. Government securities	_____	_____	_____	_____
U.S. Agency Obligations	_____	_____	_____	_____
Common & preferred stock	_____	_____	_____	_____
Commercial paper	_____	_____	_____	_____
Corporate bonds	_____	_____	_____	_____
Other: (identify)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Total investments	\$ _____ - \$ _____	\$ _____ - \$ _____	\$ _____ - \$ _____	\$ _____ - \$ _____

*unregistered - not registered in the name of the government or entity

3. DERIVATIVES NONE

The institution does/does not (circle one) invest in **derivatives** as part of its investment policy. Accordingly, the exposure to risk from these investments is as follows:

credit risk _____

market risk _____

legal risk _____

4. CREDIT RISK, INTEREST RATE, CONCENTRATION OF CREDIT RISK, AND FOREIGN CURRENCY RISK DISCLOSURES

A. Credit Risk of Debt Investments	NONE
------------------------------------	------

Disclose the credit risk of debt investments by credit quality ratings as described by rating agencies as of the fiscal year end, including the rating agency used (Moody's, S&P, etc.). All debt investments regardless of type can be aggregated by credit quality rating (if any are un-rated, disclose that amount).

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

<u>Rating Agency</u>	<u>Rating</u>	<u>Fair Value</u>
		\$
	Total	\$ -

B. Interest Rate Risk of Debt Investments NONE

1. Disclose the interest rate risk of debt investments by listing the investment type, total fair value, and breakdown of maturity in years for each debt investment type. (Note – This is the prescribed method, segmented time distribution, for the CAFR. Also, total debt investments reported in this table should equal total debt investments reported in Section A – Credit Risk of Debt Investments.)

<u>Type of Debt Investment</u>	<u>Fair Value</u>	<u>Investment Maturities (In Years)</u>			
		<u>Less Than 1</u>	<u>1 - 5</u>	<u>6 - 10</u>	<u>Greater Than 10</u>
U.S. Government obligations	\$	\$	\$	\$	\$
U.S. Agency obligations					
U.S. Treasury obligations					
Mortgage backed securities					
Collateralized mortgage obligations					
Corporate bonds					
Other bonds					
Mutual bond funds					
Other					
Total debt investments	\$ -	\$ -	\$ -	\$ -	\$ -

2. List the fair value and terms of any debt investments that are highly sensitive to changes in interest rates due to the terms (e.g. coupon multipliers, reset dates, etc.) of the investment. See Appendix B for examples of debt investments that are highly sensitive to changes in interest rates.

<u>Debt Investment</u>	<u>Fair Value</u>	<u>Terms</u>
	\$	
Total	\$ -	

C. Concentration of Credit Risk NONE

List, by amount and issuer, investments in any one issuer that represents 5% or more of total external investments (not including U.S. government securities, mutual funds, and investment pools).

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

<u>Issuer</u>	<u>Amount</u>	<u>% of Total Investments</u>
_____	\$ _____	_____
_____	_____	_____
_____	_____	_____
Total	\$ _____	_____

D. Foreign Currency Risk NONE

Disclose the U.S. dollar balances of any deposits or investments that are exposed to foreign currency risk (deposits or investments denominated in foreign currencies). List by currency denomination and investment type, if applicable.

<u>Foreign Currency</u>	<u>Fair Value in U.S. Dollars</u>	
	<u>Bonds</u>	<u>Stocks</u>
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
Total	\$ _____	\$ _____

5. POLICIES N/A

Briefly describe the deposit and/or investment policies related to the custodial credit risk, credit risk of debt investments, concentration of credit risk, interest rate risk, and foreign currency risk disclosed in this note. If no policy exists concerning the risks disclosed, please state that fact.

6. OTHER DISCLOSURES REQUIRED FOR INVESTMENT

- a. Investments in pools managed by other governments or mutual funds _____
- b. Securities underlying reverse repurchase agreements _____
- c. Unrealized investment losses _____
- d. Commitments as of _____ (fiscal close), to resell securities under yield maintenance repurchase agreements:
 1. Carrying amount and market value at June 30 of securities to be resold _____
 2. Description of the terms of the agreement _____

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

e. Losses during the year due to default by counterparties to deposit or investment transactions _____

f. Amounts recovered from prior-period losses which are not shown separately on the balance sheet _____

Legal or Contractual Provisions for Reverse Repurchase Agreements NONE

g. Source of legal or contractual authorization for use of reverse repurchase agreements _____

h. Significant violations of legal or contractual provisions for reverse repurchase agreements that occurred during the year _____

Reverse Repurchase Agreements at Year-End NONE

i. Credit risk related to the reverse repurchase agreements (other than yield maintenance agreements) outstanding at balance sheet date, that is, the aggregate amount of reverse repurchase agreement obligations including accrued interest compared to aggregate market value of the securities underlying those agreements including interest _____

j. Commitments on _____ (fiscal close) to repurchase securities under yield maintenance agreements _____

k. Market value on _____ (fiscal close) of the securities to be repurchased _____

l. Description of the terms of the agreements to repurchase _____

m. Losses recognized during the year due to default by counterparties to reverse repurchase agreements _____

n. Amounts recovered from prior-period losses which are not separately shown on the operating statement _____

Fair Value Disclosures NONE

o. Methods and significant assumptions used to estimate fair value of investments, if fair value is not based on quoted market prices _____

p. Basis for determining which investments, if any, are reported at amortized cost _____

q. For investments in external investment pools that are not SEC-registered, a brief description of any regulatory oversight for the pool _____

r. Whether the fair value of your investment in the external investment pool is the same as the value of the pool shares _____

s. Any involuntary participation in an external investment pool _____

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

t. If you are unable to obtain information from a pool sponsor to determine the fair value of your investment in the pool, methods used and significant assumptions made in determining fair value and the reasons for having had to make such an estimate _____

u. Any income from investments associated with one fund that is assigned to another fund _____

D. CAPITAL ASSETS-INCLUDING CAPITAL LEASE ASSETS

The fixed assets used in the Special Purpose Government engaged only in Business-Type Activities are included on the balance sheet of the entity and are capitalized at cost. Depreciation of all exhaustible fixed assets used by the entity are charged as an expense against operations. Accumulated depreciation is reported on the balance sheet. Depreciation for financial reporting purposes is computed by the straight-line method over the useful lives of the assets.

Year ended June 30, 2007						
	Balance 6/30/2006	Prior Period Adjustment	Adjusted Balance 6/30/2006	Additions	Transfers*	Balance 6/30/2007
Capital assets not being depreciated						
Land	\$ 27,300	\$ --	\$ 27,300	\$ --	\$ --	\$ 27,300
Non-depreciable land improvements	--	--	--	--	--	--
Capitalized collections	--	--	--	--	--	--
Software Development	--	--	--	--	--	--
Total capital assets not being depreciated	\$ 27,300	\$ --	\$ 27,300	\$ --	\$ --	\$ 27,300
Other capital assets						
Furniture, fixtures, and equipment	\$ 394	\$ --	\$ 394	\$ --	\$ --	\$ 394
Less accumulated depreciation	--	--	--	(56)	--	(56)
Total furniture, fixtures, and equipment	394	--	394	(56)	--	338
Buildings and improvements	154,697	--	154,697	--	--	154,697
Less accumulated depreciation	(5,032)	--	(5,032)	(3,968)	--	(9,000)
Total buildings and improvements	149,665	--	149,665	(3,968)	--	145,697
Depreciable land improvements	--	--	--	--	--	--
Less accumulated depreciation	--	--	--	--	--	--
Total depreciable land improvements	--	--	--	--	--	--
Infrastructure	--	--	--	--	--	--
Less accumulated depreciation	--	--	--	--	--	--
Total infrastructure	--	--	--	--	--	--
Total other capital assets	\$ 150,059	\$ --	\$ 150,059	\$ (4,024)	\$ --	\$ 146,035
Capital Asset Summary:						
Capital assets not being depreciated	\$ 27,300	\$ --	\$ 27,300	\$ --	\$ --	\$ 27,300
Other capital assets, at cost	155,091	--	155,091	--	--	155,091
Total cost of capital assets	182,391	--	182,391	--	--	182,391
Less accumulated depreciation	(5,032)	--	(5,032)	(4,024)	--	(9,056)
Capital assets, net	\$ 177,359	\$ --	\$ 177,359	\$ (4,024)	\$ --	\$ 173,335

* Should be used only for those completed projects coming out of construction-in-progress to fixed assets; not associated with transfers reported elsewhere in this packet.

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007**

E. INVENTORIES NONE

The unit's inventories are valued at _____ (method of valuation). These are perpetual inventories and are expensed when used.

F. RESTRICTED ASSETS NONE

Restricted assets in the _____ (BTA) at _____ (fiscal year end), reflected at \$ _____ in the non-current assets section on Statement A, consist of \$ _____ in cash with fiscal agent, \$ _____ in receivables, and \$ _____ investment in _____ (identify the type of investments held.) State the purpose of the restriction: _____.

G. LEAVE

1. COMPENSATED ABSENCES

The Board of Examiners of Nursing Facility Administrators has the following policy on annual and sick leave: (Describe leave policy.)

An example disclosure follows:

Employees earn and accumulate annual and sick leave at various rates depending on their years of service. The amount of annual and sick leave that may be accumulated by each employee is unlimited. Upon termination, employees or their heirs are compensated for up to 300 hours of unused annual leave at the employee's hourly rate of pay at the time of termination. Upon retirement, unused annual leave in excess of 300 hours plus unused sick leave is used to compute retirement benefits.

The cost of leave privileges, computed in accordance with GASB Codification Section C60, is recognized as a current year expenditure in the fund when leave is actually taken; it is recognized in the enterprise funds when the leave is earned. The cost of leave privileges applicable to general government operations not requiring current resources is recorded in long-term obligations.

2. COMPENSATORY LEAVE NONE

Employees who are considered having non-exempt status according to the guidelines contained in the Fair Labor Standards Act may be paid for compensatory leave earned (K-time). Upon termination or transfer, an employee will be paid for any time and one-half compensatory leave earned and may or may not be paid for any straight hour-for-hour compensatory leave earned. Compensation paid will be based on the employees' hourly rate of pay at termination or transfer. The liability for accrued payable compensatory leave at _____ (fiscal close) computed in accordance with the Codification of Governmental Accounting and Financial Reporting Standards, Section C60.105 is estimated to be \$ _____. The leave payable (is) (is not) recorded in the accompanying financial statements.

H. RETIREMENT SYSTEM

Substantially all of the employees of the Board of Examiners of Nursing Facility Administrators are members of the Louisiana State Employees Retirement System (LASERS), a single employer defined benefit pension plan. The System is a statewide public employee retirement system (PERS) for the benefit of state employees, which is administered and controlled by a separate board of trustees.

All full-time Board of Examiners of Nursing Facility Administrators employees are eligible to participate in the System unless they elect to continue as a contributing member in any other retirement system for which they

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

remain eligible for membership. Certain elected officials and officials appointed by the governor may, at their option, become members of LASERS. Normal benefits vest with 10 years of service. Generally, retirement age employees are entitled to annual benefits equal to \$300 plus 2.5% of their highest consecutive 36 months' average salary multiplied by their years of credited service except for members eligible to begin participation in the Defined Benefit Plan (DBP) on or after July 1, 2006. Act 75 of the 2005 Regular Session changes retirement eligibility and final average compensation for members who are eligible to begin participation in the DBP beginning July 1, 2006. Retirement eligibility for these members is limited to age 60, or thereafter, upon attainment of ten years of creditable service. Final average compensation will be based on the member's average annual earned compensation for the highest 60 consecutive months of employment.

Vested employees eligible to begin participation in the DBP before July 1, 2006 are entitled to a retirement benefit, payable monthly for life at (a) any age with 30 years of service, (b) age 55 with 25 years of service, or (c) age 60 with 10 years of service. In addition, these vested employees have the option of reduced benefits at any age with 20 years of service. Those hired on or after 7/1/2006 have only a single age option. They cannot retire until age 60 with a minimum of 10 years of service. The System also provides death and disability benefits and deferred benefit options, within qualifications and amounts define by statute. Benefits are established or amended by state statute. The System issues an annual publicly available financial report that includes financial statements and required supplementary information for the System. For the full description of the LASERS defined benefit plan, please refer to LASERS 2006 Financial Statements, specifically footnotes A- Plan Description and C-Contributions. That report may be obtained by writing to the Louisiana State Employees Retirement System, Post Office Box 44213, Baton Rouge, Louisiana 70804-4213, or by calling (225) 922-0608 or (800) 256-3000. The footnotes to the Financial Statements contain additional details and are also available on-line at: http://www.lasers.state.la.us/PDFs/Publications and Reports/Fiscal Documents/Comprehensive Financial Reports/Comprehensive%20Financial%20Reports_06.pdf

Members are required by state statute to contribute with the single largest group ("regular members") contributing 7.5% of gross salary, and the Board of Examiners of Nursing Facility Administrators is required to contribute at an actuarially determined rate as required by R.S. 11:102. The contribution rate for the fiscal year ended June 30, 2007, decreased/increased to 20.4% of annual covered payroll from the 19% and 17.8% required in fiscal years ended June 30, 2006 and 2005, respectively. The Board of Examiners of Nursing Facility Administrators contributions to the System for the years ending June 30, 2007, 2006, and 2005, were \$23,577, \$21,145, and \$26,938, respectively, equal to the required contributions for each year.

I. POST RETIREMENT HEALTH CARE AND LIFE INSURANCE BENEFITS **NONE**

GASB 12 requires the following disclosures about an employer's accounting for post retirement health care and life insurance benefits: **(NOTE: Ensure that the number of retirees is disclosed below)**

1. A description of the benefits provided and the employee group covered.
2. A description of the accounting and funding policies followed for those benefits.
3. The cost of those benefits recognized for the period, unless the costs are not readily determinable.*
4. The effect of significant matters affecting the comparability of the costs recognized for all periods presented.

*If the cost of any post retirement health care or life insurance benefits for retirees cannot readily be separated from the cost of providing such benefits for active employees or otherwise be reasonably approximated, the total cost of providing those benefits to active employees and retirees, as well as the number of active employees and the number of retirees covered by the plan must be disclosed (part b below).

The _____ (BTA) provides certain continuing health care and life insurance benefits for its retired employees. Substantially all (BTA) employees become eligible for post employment health care and life insurance benefits if they reach normal retirement age while working for the (BTA). These benefits for retirees and similar benefits for active employees are provided through an insurance company whose premiums are paid jointly by the employee and the (BTA). Complete (a) below if the cost of retiree

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

post employment health care benefits can be separated from active employees, otherwise complete paragraph (b),

a) For 2007, the cost of providing those benefits for the _____ retirees (# of retirees) totaled \$_____.

b) The (BTA) recognizes the cost of providing these benefits (BTA's portion of premiums) as an expenditure when paid during the year, which was \$_____ for the year ended _____, 20____. The cost of providing those benefits for _____ retirees (# of retirees) is not separable from the cost of providing benefits for the _____ active employees (# of active employees).

J. LEASES NONE

NOTE: Where we are requesting five-year amounts, please list the total amount (sum) for the five-year period, not the annual amount for each of the five years.)

1. OPERATING LEASES

The total payments for operating leases during fiscal year _____ amounted to \$_____. (Note: If lease payments extend past FY2022, please create additional columns and report these future minimum lease payments in five year increments.) A schedule of payments for operating leases follows:

<u>Nature of lease</u>	<u>FY2008</u>	<u>FY2009</u>	<u>FY2010</u>	<u>FY2011</u>	<u>FY2012</u>	<u>FY2013- 2017</u>	<u>FY2018- 2022</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. CAPITAL LEASES NONE

Capital leases are (are not) recognized in the accompanying financial statements. The amounts to be accrued for capital leases and the disclosures required for capital and operating leases by National Council on Governmental Accounting (NCGA) Statement No. 5, as adopted by the Governmental Accounting Standards Board, and FASB 13 should be reported on the following schedules:

Capital leases are defined as an arrangement in which any one of the following conditions apply: (1) ownership transfers by the end of the lease, (2) the lease contains a bargain purchase option, (3) the lease term is 75% of the asset life or, (4) the discounted minimum lease payments are 90% of the fair market value of the asset.

Schedule A should be used to report all capital leases including new leases in effect as of 6/30/07. In Schedule B, report only those new leases entered into during fiscal year 2006-2007.

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

SCHEDULE A – TOTAL AGENCY CAPITAL LEASES EXCEPT LEAF

<u>Nature of lease</u>	<u>Gross Amount of Leased Asset (Historical Costs)</u>	<u>Remaining interest to end of lease</u>	<u>Remaining principal to end of lease</u>
a. Office space	\$ _____	\$ _____	\$ _____
b. Equipment	_____	_____	_____
c. Land	_____	_____	_____
Total	\$ _____ -	\$ _____ -	\$ _____ -

The following is a schedule by years of future minimum lease payments under capital leases together with the present value of the net minimum lease payments as of (last day of your fiscal year) and a breakdown of yearly principal and interest: (Note: If lease payments extend past FY2027, please create additional rows and report these future minimum lease payments in five year increments.)

<u>Year ending June 30:</u>	<u>Total</u>
2008	\$ _____
2009	_____
2010	_____
2011	_____
2012	_____
2013-2017	_____
2018-2022	_____
2023-2027	_____
Total minimum lease payments	_____ -
Less amounts representing executory costs	_____
Net minimum lease payments	_____ -
Less amounts representing interest	_____
Present value of net minimum lease payments	\$ _____ -

SCHEDULE B – NEW AGENCY CAPITAL LEASES EXCEPT LEAF

<u>Nature of lease</u>	<u>Gross Amount of Leased Asset (Historical Costs)</u>	<u>Remaining interest to end of lease</u>	<u>Remaining principal to end of lease</u>
a. Office space	\$ _____	\$ _____	\$ _____
b. Equipment	_____	_____	_____
c. Land	_____	_____	_____
Total	\$ _____ -	\$ _____ -	\$ _____ -

The following is a schedule by years of future minimum lease payments under capital leases together with the present value of the net minimum lease payments as of (last day of your fiscal year) and a breakdown

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

of yearly principal and interest: (Note: If lease payments extend past FY2027, please create additional rows and report these future minimum lease payments in five year increments.)

Year ending June 30:	<u>Total</u>
2008	\$ _____
2009	_____
2010	_____
2011	_____
2012	_____
2013-2017	_____
2018-2022	_____
2023-2027	_____
Total minimum lease payments	_____ -
Less amounts representing executory costs	_____
Net minimum lease payments	_____ -
Less amounts representing interest	_____
Present value of net minimum lease payments	\$ _____ -

SCHEDULE C – LEAF CAPITAL LEASES

<u>Nature of lease</u>	<u>Gross Amount of Leased Asset (Historical Costs)</u>	<u>Remaining interest to end of lease</u>	<u>Remaining principal to end of lease</u>
a. Office space	\$ _____	\$ _____	\$ _____
b. Equipment	_____	_____	_____
c. Land	_____	_____	_____
Total	\$ _____ -	\$ _____ -	\$ _____ -

The following is a schedule by years of future minimum lease payments under capital leases together with the present value of the net minimum lease payments as of (last day of your fiscal year) and a breakdown of yearly principal and interest: (Note: If lease payments extend past FY2027, please create additional rows and report these future minimum lease payments in five year increments.)

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

Year ending June 30:	<u>Total</u>
2008	\$ _____
2009	_____
2010	_____
2011	_____
2012	_____
2013-2017	_____
2018-2022	_____
2023-2027	_____
Total minimum lease payments	_____
Less amounts representing executory costs	_____
Net minimum lease payments	_____
Less amounts representing interest	_____
Present value of net minimum lease payments	\$ _____

3. LESSOR DIRECT FINANCING LEASES NONE

A lease is classified as a direct financing lease (1) when any one of the four capitalization criteria used to define a capital lease for the lessee is met and (2) when both the following criteria are satisfied:

- Collectibility of the minimum lease payments is reasonably predictable.
- No important uncertainties surround the amount of the unreimbursable costs yet to be incurred by the lessor under the lease.

Provide a general description of the direct financing agreement, and complete the chart below:

<u>Composition of lease</u>	<u>Date of lease</u>	<u>Minimum lease payment receivable</u>	<u>Remaining Interest to end of lease</u>	<u>Remaining Principal to end of lease</u>
a. Office space	\$ _____	\$ _____	\$ _____	\$ _____
b. Equipment	_____	_____	_____	_____
c. Land	_____	_____	_____	_____
Less amounts representing executory costs		_____		
Minimum lease payment receivable		_____		
Less allowance for doubtful accounts		_____		
Net minimum lease payments receivable		_____		
Less: Estimated Residual Value of Leased Property		_____		
Less unearned income		_____		
Net investment in direct financing lease		\$ _____		

Minimum lease payments receivables do not include contingent rentals which may be received as stipulated in the lease contracts. Contingent rental payments occur if for example the use of the equipment, land, or building etc., exceeds a certain level of activity each year. Contingent rentals received for fiscal year 2007 were \$ _____ for office space, \$ _____ for equipment, and \$ _____ for land.

The following is a schedule by year of minimum leases receivable for the remaining fiscal years of the lease as of _____ (the last day of your fiscal year): (Note: If lease receivables extend past

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

FY2027, please create additional rows and report these future minimum lease payment receivables in five year increments.)

Year ending _____:	
2008	\$ _____
2009	_____
2010	_____
2011	_____
2012	_____
2013-2017	_____
2018-2022	_____
2023-2027	_____
Total	\$ _____ -

4. LESSOR – OPERATING LEASE NONE

When a lease agreement does not satisfy at least one of the four criteria (common to both lessee and lessor accounting), and both of the criteria for a lessor (collectibility and no uncertain reimbursable costs), the lease is classified as an operating lease. In an operating lease, there is no simulated sale and the lessor simply records rent revenues as they become measurable and available.

Provide the cost and carrying amount, if different, of property on lease or held for lease organized by major class of property and the amount of accumulated depreciation as of _____ 20__:

	<u>Cost</u>	<u>Accumulated depreciation</u>	<u>Carrying amount</u>
a. Office space	\$ _____	\$ _____	\$ _____
b. Equipment	_____	_____	_____
c. Land	_____	_____	_____
Total	\$ _____ -	\$ _____ -	\$ _____ -

The following is a schedule by years of minimum future rentals receivable on non-cancelable operating lease(s) as of _____ (the last day of your fiscal year): (Note: If lease receivables extend past FY2027, please create additional columns and report these future minimum lease payment receivables in five year increments.)

Year Ended June 30,	Office Space	Equipment	Land	Other	Total
2008	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ -
2009					-
2010					-
2011					-
2012					-
2013-2017					-
2018-2022					-
2023-2027					-
Total	\$ _____ -	\$ _____ -	\$ _____ -	\$ _____ -	\$ _____ -

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

Current year lease revenues received in fiscal year _____ totaled \$_____.

Contingent rentals received from operating leases received for your fiscal year was \$ _____
for office space, \$ _____ for equipment, and \$ _____ for land.

K. LONG-TERM LIABILITIES

The following is a summary of long-term debt transactions of the entity for the year ended June 30, 2007:
(Balances at June 30th should include current and non-current portion of long-term liabilities.)

	<u>Year ended June 30, 2007</u>				
	<u>Balance June 30, 2006</u>	<u>Additions</u>	<u>Reductions</u>	<u>Balance June 30, 2007</u>	<u>Amounts due within one year</u>
Bonds and notes payable:					
Notes payable	\$ 72,773	\$	\$ 22,608	\$ 50,165	\$ 22,206
Reimbursement contracts payable				--	
Bonds payable				--	
Total notes and bonds	<u>72,773</u>	<u>--</u>	<u>22,608</u>	<u>50,165</u>	<u>22,206</u>
Other liabilities:					
Contracts payable				--	
Compensated absences payable	3,975	721		4,696	
Capital lease obligations				--	
Claims and litigation				--	
Liabilities payable from restricted assets				--	
Other long-term liabilities				--	
Total other liabilities	<u>3,975</u>	<u>721</u>	<u>--</u>	<u>4,696</u>	<u>--</u>
Total long-term liabilities	<u>\$ 76,748</u>	<u>\$ 721</u>	<u>\$ 22,608</u>	<u>\$ 54,861</u>	<u>\$ 22,206</u>

(Send OSRAP a copy of the amortization schedule for any new debt issued.)

L. CONTINGENT LIABILITIES NONE

GAAP requires that the notes to the financial statements disclose any situation where there is at least a reasonable possibility that assets have been impaired or that a liability has been incurred along with the dollar amount if it can reasonably be estimated. Do not report impaired capital assets below as defined by GASB 42, rather disclose impaired capital assets in Note CC. Losses or pending litigation that is probable should be reflected on the balance sheet.

The _____ (BTA) is a defendant in litigation seeking damages as follows: (Only list litigation not being handled by the Office of Risk Management or the Attorney General)

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

<u>Date of Action</u>	<u>Description of Litigation and Probable outcome</u> (reasonably possible or probable)	<u>Estimated Settlement Amt. for Claims & Litigation</u> (opinion of legal counsel)	<u>Insurance Coverage</u>
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Totals		\$ _____	\$ _____

*Note: Liability for claims and judgments should include specific, incremental claim expenses if known or if it can be estimated. For example, the cost of outside legal assistance on a particular claim may be an incremental cost, whereas assistance from internal legal staff on a claim may not be incremental because the salary costs for internal staff normally will be incurred regardless of the claim. (See GASB 30, paragraph 9)

Those agencies collecting federal funds, who have been informed that certain of their previously claimed costs were disallowed, should disclose the requested information in the schedule shown below. Show each possible disallowance on a separate line in the chart.

<u>Program</u>	<u>Date of Disallowance</u>	<u>Amount</u>	<u>Probability of Payment*</u>	<u>Estimated Settlement Amount</u>
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

* Remote, reasonably possible, probable, or unknown

Only answer the following questions for those claims and litigation not being handled by the Office of Risk Management.

Indicate the way in which risks of loss are handled (circle one):

purchase of commercial insurance,

participation in a public entity risk pool (e.g., Office of Risk Management claims)

risk retention (e.g., Use of an internal service fund is considered risk retention because the entity as a whole has retained the risk of loss.)

Other (explain) _____

For entities participating in a risk pool (other than Office of Risk Management) describe the nature of the participation, including the rights and the responsibilities of both the entity and the pool. _____

Describe any significant reductions in insurance coverage from coverage in the prior year by major categories of risk. Also, indicate whether the amount of settlements exceeded insurance coverage for each of the past three fiscal years. _____

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

Disclose any cases where it is probable that a liability has been incurred, but the effect of the liability has not been reflected in the financial statements because it can not be estimated.

Disclose any guarantee of indebtedness even if there is only a remote chance that the government will be called on to honor its guarantee.

M. RELATED PARTY TRANSACTIONS **NONE**

FASB 57 requires disclosure of the description of the relationship, the transaction(s), the dollar amount of the transaction(s) and any amounts due to or from which result from related party transactions. List all related party transactions.

N. ACCOUNTING CHANGES **NONE**

Accounting changes made during the year involved a change in accounting _____ (principle, estimate, or entity). The effect of the change is being shown in _____.

O. IN-KIND CONTRIBUTIONS **NONE**

List all in-kind contributions that are not included in the accompanying financial statements.

<u>In-Kind Contributions</u>	<u>Cost/Estimated Cost/Fair Market Value/As Determined by the Grantor</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total	\$ _____

P. DEFEASED ISSUES **NONE**

In _____, 20____, the _____(BTA), issued \$_____ of taxable bonds. The purpose of the issue was to provide monies to advance refund portions of _____ bonds. In order to refund the bonds, portions of the proceeds of the new issue \$_____, plus an additional \$_____ of sinking fund monies together with certain other funds and/or securities, were deposited and held in an escrow fund created pursuant to an

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

escrow deposit agreement dated _____, _____ between the (BTA) and the escrow trustee. The amount in the escrow, together with interest earnings, will be used to pay the principal, redemption premium, and interest when due. The refunding resulted in reducing the total debt service payments by almost \$ _____ and gave the (BTA) an economic gain (difference between the present values of the debt service payments on the old and new debt) of \$ _____.

Q. COOPERATIVE ENDEAVORS – SEE SCHEDULE 16 AND APPENDIX E FOR INSTRUCTIONS AND REPORTING REQUIREMENTS **NONE**

R. GOVERNMENT-MANDATED NONEXCHANGE TRANSACTIONS (GRANTS) **NONE**

The following government-mandated nonexchange transactions (grants) were received during fiscal year 2006-2007:

<u>CFDA Number</u>	<u>Program Name</u>	<u>State Match Percentage</u>	<u>Total Amount of Grant</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total government-mandated nonexchange transactions (grants)			\$ _____ -

S. VIOLATIONS OF FINANCE-RELATED LEGAL OR CONTRACTUAL PROVISIONS **NONE**

At June 30, 20__, the _____ (BTA) was not in compliance with the provisions of _____ Bond Reserve Covenant that requires _____ to correct this deficiency. The _____ (BTA) did _____.

T. SHORT-TERM DEBT - None Other Than Current Portion of Long Term Debt

The _____ (BTA) issues short-term notes for the following purposes:

Short-term debt activity for the year ended June 30, 20__, was as follows:

<u>List the type of S-T debt (e.g., tax anticipation notes):</u>	<u>Beginning Balance</u>	<u>Issued</u>	<u>Redeemed</u>	<u>Ending Balance</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____ -

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

The _____ (BTA) uses a revolving line of credit for the following purposes: _____
 _____ . Short-term debt activity for the year ended June 30, 20__, was as follows:

	Beginning Balance	Draws	Redeemed	Ending Balance
Line of credit	\$ _____	\$ _____	\$ _____	\$ _____ -

U. DISAGGREGATION OF RECEIVABLE BALANCES

Fund (gen. fund, gas tax fund, etc.)	Customer Receivables	Taxes	Receivables from other Governments	Other Receivables	Total Receivables
General Fund	\$ _____	\$ _____	\$ 35,098.00	\$ _____	\$ 35,098.00
					-
Gross receivables	\$ -	\$ -	\$ 35,098.00	\$ -	\$ 35,098.00
Less allowance for uncollectible accounts	-	-	-	-	-
Receivables, net	\$ -	\$ -	\$ 35,098.00	\$ -	\$ 35,098.00

Receivables at June 30, 2007, were as follows: CNA Receivable \$18,167
 Division 3 Receivable \$16,931
\$35,098

V. DISAGGREGATION OF PAYABLE BALANCES

Payables at June 30, 2007, were as follows:

Fund (gen. fund, gas tax fund, etc.)	Vendors	Salaries and Benefits	Accrued Interest	Other Payables	Total Payables
General Fund	\$ 4,045	\$ _____	\$ _____	\$ _____	\$ 4,045
					-
Total payables	\$ 4,045	\$ -	\$ -	\$ -	\$ 4,045

W. SUBSEQUENT EVENTS NONE

Disclose any material event(s) affecting the (BTA) occurring between the close of the fiscal period and issuance of the financial statement.

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

X. SEGMENT INFORMATION NONE

Governments that report enterprise funds or that use enterprise fund accounting and reporting standards to report their activities are required to present segment information for those activities in the notes to the financial statements. For the purposes of this disclosure, a segment is an identifiable activity (or group of activities), reported as or within an enterprise fund or an other stand-alone entity that has one or more bonds or other debt instruments outstanding, with a revenue stream pledged in support of that debt. In addition, the activity's revenues, expenses, gains and losses, assets, and liabilities are required to be accounted for separately. This requirement for separate accounting applies if imposed by an external party, such as accounting and reporting requirements set forth in bond indentures. Disclosure requirements for each segment should be met by identifying the types of goods and services provided and by presenting condensed financial statements in the notes, including the elements in A through C below (GASB 34, paragraph 122, as modified by GASB 37, paragraph 17.)

Type of goods or services provided by the segment _____.

A. Condensed Balance Sheet:

- (1) Total assets – distinguishing between current assets, capital assets, and other assets. Amounts receivable from other funds or BTA's should be reported separately.
- (2) Total liabilities – distinguishing between current and long-term amounts. Amounts payable to other funds or BTA's should be reported separately.
- (3) Total net assets – distinguishing among restricted; unrestricted; and amounts invested in capital assets, net of related debt.

Condensed Balance Sheet:

	<u>Segment #1</u>	<u>Segment #2</u>
Current assets	\$ _____	\$ _____
Due from other funds	_____	_____
Capital assets	_____	_____
Other assets	_____	_____
Current liabilities	_____	_____
Due to other funds	_____	_____
Long-term liabilities	_____	_____
Restricted net assets	_____	_____
Unrestricted net assets	_____	_____
Invested in capital assets, net of related debt	_____	_____

B. Condensed statement of revenues, expenses, and changes in net assets:

- (1) Operating revenues (by major source).
- (2) Operating expenses. Depreciation (including any amortization) should be identified separately.
- (3) Operating income (loss).
- (4) Nonoperating revenues (expenses) – with separate reporting of major revenues and expenses.
- (5) Capital contributions and additions to permanent and term endowments.
- (6) Special and extraordinary items.
- (7) Transfers
- (8) Change in net assets.
- (9) Beginning net assets.
- (10) Ending net assets.

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

Condensed Statement of Revenues, Expenses, and Changes in Net Assets:

	<u>Segment #1</u>	<u>Segment #2</u>
Operating revenues	\$ _____	\$ _____
Operating expenses	_____	_____
Depreciation and amortization	_____	_____
Operating income (loss)	_____ -	_____ -
Nonoperating revenues (expenses)	_____	_____
Capital contributions/additions to permanent and term endowments	_____	_____
Special and extraordinary items	_____	_____
Transfers in	_____	_____
Transfers out	_____	_____
Change in net assets	_____ -	_____ -
Beginning net assets	_____	_____
Ending net assets	_____ -	_____ -

C. Condensed statement of cash flows:

- (1) Net cash provided (used) by:
 - (a) Operating activities
 - (b) Noncapital financing activities
 - (c) Capital and related financing activities
 - (d) Investing activities
- (2) Beginning cash and cash equivalent balances
- (3) Ending cash and cash equivalent balances

Condensed Statement of Cash Flows:

	<u>Segment #1</u>	<u>Segment #2</u>
Net cash provided (used) by operating activities	\$ _____	\$ _____
Net cash provided (used) by noncapital financing activities	_____	_____
Net cash provided (used) by capital and related financing activities	_____	_____
Net cash provided (used) by investing activities	_____	_____
Beginning cash and cash equivalent balances	_____	_____
Ending cash and cash equivalent balances	_____ -	_____ -

Y. DUE TO/DUE FROM AND TRANSFERS **NONE**

1. List by fund type the amounts **due from other funds** detailed by individual fund at your fiscal year end:
 (Types of funds include general fund, statutory dedicated funds, discrete component unit funds, etc).

<u>Type of Fund</u>	<u>Name of Fund</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
Total due from other funds		\$ _____

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

2. List by fund type the amounts **due to other funds** detailed by individual fund at fiscal year end:

<u>Type of Fund</u>	<u>Name of Fund</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	_____
Total due to other funds		\$ <u> </u>

3. List by fund type **all transfers from other funds for the fiscal year:**

<u>Type of Fund</u>	<u>Name of Fund</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	_____
Total transfers from other funds		\$ <u> </u>

4. List by fund type **all transfers to other funds for the fiscal year:**

<u>Type of Fund</u>	<u>Name of Fund</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	_____
Total transfers to other funds		\$ <u> </u>

Z. LIABILITIES PAYABLE FROM RESTRICTED ASSETS NONE

Liabilities payable from restricted assets in the _____ (BTA) at _____ (fiscal year end), reflected at \$ _____ in the current liabilities section on Statement A, consist of \$ _____ in accounts payable, \$ _____ in notes payable, and \$ _____ in _____.

Liabilities payable from restricted assets in the _____ (BTA) at _____ (fiscal year end), reflected at \$ _____ in the non-current liabilities section on Statement A, consist of \$ _____ in accounts payable, \$ _____ in notes payable, and \$ _____ in _____.

AA. PRIOR-YEAR RESTATEMENT OF NET ASSETS NONE

The following adjustments were made to restate beginning net assets for June 30, 20__.

Ending Net Assets 6/30/06 as reported to OSRAP on PY AFR	Adjustments to ending net assets 6/30/06 (after AFR was submitted to OSRAP) + or (-)	Restatements (Adjustments to beg. balance 7/1/06) + or (-)	Beg net assets @ 7/1/06 as restated
\$ _____	\$ _____	\$ _____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-

Each adjustment must be explained in detail on a separate sheet.

*Include all audited adjustments accepted by the agency or entity.

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

BB. NET ASSETS RESTRICTED BY ENABLING LEGISLATION (GASB STATEMENT 46) NONE

Of the total net assets reported on Statement A June 30, 20__, \$_____ are restricted by enabling legislation (which includes a legally enforceable requirement that the resources be used only for the specific purposes stipulated in the legislation). Refer to the instructions in Appendix C for more details on the determination of the amount to be reported as required by GASB Statement 46. List below the net assets restricted by enabling legislation and the purpose of the restriction:

<u>Purpose of Restriction</u>	<u>Amount</u>
_____	\$ _____
_____	_____
_____	_____
Total	\$ _____

CC. IMPAIRMENT OF CAPITAL ASSETS NONE

GASB 42 establishes accounting and financial reporting standards for impairment of capital assets. Governments are required to evaluate prominent events or changes in circumstances affecting capital assets to determine whether impairment of a capital asset has occurred. A capital asset generally should be considered impaired if both (a) the decline in service utility of the capital asset is large in magnitude and (b) the event or change in circumstance is outside the normal life cycle of the capital asset. See Appendix D for more information on GASB 42 and Impaired Capital Assets.

The following capital assets became impaired in FY 06-07: (There are five indicators of impairment described in Appendix D, (1) physical damage, (2) enactment of laws, etc. List the appropriate number (1-5) to identify the indicator of impairment in the second to last column below.)

<u>Type of asset</u>	<u>Amount of Impairment loss before Insurance Recovery</u>	<u>Insurance Recovery in the same FY</u>	<u>Indication of Impairment</u>	<u>Reason for Impairment (e.g. hurricane)</u>
Buildings	_____	_____	_____	_____
Movable Property	_____	_____	_____	_____
Infrastructure	_____	_____	_____	_____

The carrying amount of impaired capital assets that are idle at year-end should be disclosed, regardless of whether the impairment is considered permanent or temporary. The following capital assets were idle at the end of the fiscal year. (Include the capital assets listed above that are still idle at the end of the fiscal year, and any prior year impaired assets that are still idle at the end of the fiscal year.)

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007

<u>Type of asset</u>	<u>Carrying Value</u>
Buildings	\$ _____
Movable Property	\$ _____
Infrastructure	\$ _____

DD. EMPLOYEE TERMINATION BENEFITS **NONE**

Termination benefits are benefits, other than salaries and wages that are provided by employers as settlement for involuntary terminations initiated by management, or as an incentive for voluntary terminations initiated by employees. Involuntary termination benefits include benefits such as payment for unused leave balances. Voluntary termination benefits include benefits such as enhanced early retirement options resulting from an approved early retirement plan and payment for unused leave balances.

Other termination benefits may include:

1. Early retirement incentives, such as cash payments, enhancement to defined benefit formula
2. Health care coverage when none would otherwise be provided (COBRA)
3. Compensated absences, including payments for leave balances
4. Payments due to early release from employment contracts

GASB 47 requires the following disclosures about an employer's accounting for employee termination benefits.

1. A description of the termination benefit arrangement(s).
2. Year the state becomes obligated
3. Number of employees affected
4. Cost of termination benefits
5. Type of benefit(s) provided
6. The period of time over which the benefits are expected to be provided
7. If the termination benefit affects the defined benefit pension (OPEB) obligations, disclose the change in the actuarial accrued liability for the pension or OPEB plan attributable to the termination benefit.
8. When termination liabilities are reported, disclose the significant methods and assumptions used to determine the liabilities to be disclosed (for as long as the liability is reported).

The GASB 47 note disclosures listed below are provided as an example and should be modified as necessary.

Substantially all employees are eligible for termination benefits upon separation from the state. The agency recognizes the cost of providing these benefits as expenditures when paid during the year. For 2007, the cost of providing those benefits for _____ (number of) voluntary terminations totaled \$ _____. For 2007, the cost of providing those benefits for _____ (number of) involuntary terminations totaled \$ _____. [The termination benefits (voluntary and involuntary) paid in FY 2007 should also be included in the Statement of Revenues, Expenses, and Changes in Fund Net Assets on the account line "Administrative" in the Operating Expense Section.]

The liability for the accrued voluntary terminations benefits payable at June 30, _____ is \$ _____. This liability consists of _____ (number of) voluntary terminations. The liability for the accrued involuntary terminations benefits payable at June 30, _____ is \$ _____. This liability consists of _____ (number of) involuntary terminations.

[The termination benefits (voluntary and involuntary) payable at fiscal year end should also be included on the Balance Sheet in the "compensated absences payable" account line.]

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
Notes to the Financial Statement
As of and for the year ended June 30, 2007**

If a termination benefit is not recognized because the expected benefits are not estimable, the employer should disclose that fact. Briefly describe termination benefits provided to employees as discussed above. If none, please state that fact.

A terminated employee can continue to access health benefits, however, if the COBRA participant is paying the ENTIRE premium then there is no state contribution on behalf of this individual. Therefore, when a terminated employee pays 100% of the premium, the state would not have a termination liability.

**STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF PER DIEM PAID TO BOARD MEMBERS
For the Year Ended June 30, 2007**

<u>Name</u>	<u>Amount</u>
Christopher Wright	\$ 600
Betty Dennis	150
Ronald Goux	225
Joseph Hamrick	1,725
Elizabeth Humphreys	75
A.A. Kelly Jr.	525
Brian Martin	1,275
Ray Naquin	450
Susan Nelson	300
Wayne Plaisance	75
Martin Stott	300
Joseph Townsend	450
	\$ 6,150

Note: The per diem payments are authorized by Louisiana Revised Statute, and are presented in compliance with House Concurrent Resolution No. 54 of the 1979 Session of the Legislature

STATE OF LOUISIANA
 BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
 SCHEDULE OF NOTES PAYABLE
 June 30, 2007

Issue	Date of Issue	Original Issue	Principal Outstanding 6/30/PY	Redeemed (Issued)	Principal Outstanding 6/30/CY	Interest Rates	Interest Outstanding 6/30/CY
PH Amorosa	09/23/04	\$106,205	\$ 72,773	\$ 22,608	\$ 50,165	6.5%	\$ -0-
Total		\$106,205	\$ 72,773	\$ 22,608	\$ 50,165		\$ -0-

*Send copies of new amortization schedules

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF BONDS PAYABLE
June 30, 2007

Issue	Date of Issue	Original Issue	Principal Outstanding 6/30/PY	NONE		Principal Outstanding 6/30/CY	Interest Rates	Interest Outstanding 6/30/CY
				Redeemed (Issued)				
_____	_____	\$ _____	\$ _____	\$ _____		\$ _____	_____	\$ _____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
_____	_____	_____	_____	_____		_____	_____	_____
Total		\$ _____	\$ _____	\$ _____		\$ _____		\$ _____

*Send copies of new amortization schedules

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF CAPITAL LEASE AMORTIZATION
For The Year Ended June 30, 2007

NONE

<u>Fiscal Year</u> <u>Ending:</u>	<u>Payment</u>	<u>Interest</u>	<u>Principal</u>	<u>Balance</u>
2008	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u> --
2009	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2010	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2011	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2012	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2013-2017	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2018-2022	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2023-2027	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
2028-2032	<u> </u>	<u> </u>	<u> </u>	<u> </u> --
 Total	 \$ <u> </u> --	 \$ <u> </u> --	 \$ <u> </u> --	 \$ <u> </u> --

SCHEDULE 4-A

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF NOTES PAYABLE AMORTIZATION
For The Year Ended June 30, 2007

<u>Fiscal Year</u> <u>Ending:</u>	<u>Principal</u>	<u>Interest</u>
2008	\$ <u>22,206.00</u>	\$ <u>2,730.00</u>
2009	<u>23,683.00</u>	<u>1,243.00</u>
2010	<u>4,276.00</u>	<u>67.00</u>
2011	<u> </u>	<u> </u>
2012	<u> </u>	<u> </u>
2013-2017	<u> </u>	<u> </u>
2018-2022	<u> </u>	<u> </u>
2023-2027	<u> </u>	<u> </u>
2028-2032	<u> </u>	<u> </u>
Total	\$ <u><u>50,165.00</u></u>	\$ <u><u>4,040.00</u></u>

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF BONDS PAYABLE AMORTIZATION
For The Year Ended June 30, 2007
NONE

Fiscal Year		
<u>Ending:</u>	<u>Principal</u>	<u>Interest</u>
2008	\$ _____	\$ _____
2009	_____	_____
2010	_____	_____
2011	_____	_____
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____
2017	_____	_____
2018	_____	_____
2019	_____	_____
2020	_____	_____
2021	_____	_____
2022	_____	_____
2023	_____	_____
2024	_____	_____
2025	_____	_____
2026	_____	_____
2027	_____	_____
2028	_____	_____
2029	_____	_____
2030	_____	_____
2031	_____	_____
2032	_____	_____
 Total	 \$ _____ --	 \$ _____ --

STATE OF LOUISIANA
BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS
SCHEDULE OF CURRENT YEAR REVENUE AND EXPENSES
BUDGETARY COMPARISON OF CURRENT APPROPRIATION
NON-GAAP BASIS
June 30, 2007

	Financial Statement	Adjustments	ISIS Appropriation Report-08/14/07	Revised Budget	Variance Positive/(Negative)
Revenues:					
Intergovernmental Revenues	\$	\$	\$	\$	-
Federal Funds					-
Sales of Commodities and Services					-
Other					-
Total appropriated revenues		-	-	-	-
Expenses:					
Cost of goods sold	\$	\$	\$	\$	-
Personal services					-
Travel					-
Operating Services					-
Supplies					-
Professional services					-
Other charges					-
Capital outlay					-
Interagency transfers					-
Debt Service					-
Other:					-
Bad debts					-
Depreciation					-
Compensated absences					-
Interest Expense					-
Other (Identify)					-
Total appropriated expenses		-	-	-	-
Excess (deficiency) of revenues over expenses (budget basis)	\$	\$	\$	\$	-

Note : Schedule 5 is only applicable for those entities whose budget is appropriated by the legislature

SCHEDULE OF CURRENT YEAR REVENUE AND EXPENSES
BUDGETARY COMPARISON OF CURRENT APPROPRIATION
NON-GAAP BASIS
June 30, 2007

Excess (deficiency) of revenues over expenses (budget basis)	\$ _____
Reconciling items:	
Cash carryover	_____
Use of money and property (interest income)	_____
Depreciation	_____
Compensated absences adjustment	_____
Capital outlay	_____
Disposal of fixed assets	_____
Change in inventory	_____
Interest expense	_____
Bad debts expense	_____
Prepaid expenses	_____
Principal payment	_____
Loan Principal Repayments included in Revenue	_____
Loan Disbursements included in Expenses	_____
Accounts receivable adjustment	_____
Accounts payable/estimated liabilities adjustment	_____
Other	_____
Change in Net Assets	\$ <u> - </u>

Schedule 5

BOARD OF EXAMINERS OF NURSING FACILITY ADMINISTRATORS

COMPARISON FIGURES

To assist OSRAP in determining the reason for the change in financial position for the State, please complete the schedule below. If the change is greater than \$1 million, explain the reason for the change.

	<u>2007</u>	<u>2006</u>	<u>Difference</u>	<u>Percentage Change</u>
1) Revenues	\$ 304,588	\$ 310,311	\$ -5,723	-1.84
Expenses	329,251	261,629	67,622	25.84
2) Capital assets	173,336	177,359	-4,023	-2.27
Long-term debt	27,959	54,193	-26,234	-48.41
Net Assets	77,328	102,047	-24,719	-24.22

Explanation for change: Revenues –
 Expenses - Leave/New Employee
 Capital Assets -
 Long Term Debt - Debt Payment
 Net Assets - Operating Account Loss

**SCHEDULE 16 – COOPERATIVE ENDEAVORS
FOR YEAR ENDED JUNE 30, 2007**

AGENCY NAME _____
AGENCY NUMBER _____

[illegible]